



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION III  
841 Chestnut Building  
Philadelphia, Pennsylvania 19107

154859

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

FEB 4 1994

Dr. K.C. Das  
State Superfund Programs Manager  
VA Department of Waste Management  
Monroe Building, 11th Floor  
101 N. 14th Street  
Richmond, VA 23219

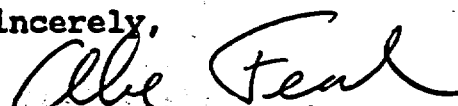
Re: Old Salem Tannery Site  
Salem, Virginia

Dear Dr. Das:

Enclosed for your information is a copy of an Administrative Order regarding the Old Salem Tannery Site in Salem, Virginia issued to Hercules Incorporated and Yokohama Tire Corporation, pursuant to Sections 106(a) and 122 of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980, as amended by the Superfund Amendments and Reauthorization Act of 1988, 42 U.S.C. §§ 9606 and 122. Please refer to the Order for the specific actions required to be taken by the Respondents and the time within which such action must be undertaken.

If you have any questions or comments concerning this Order, please contact Robert E. Guarni of my staff at (215) 597-6686.

Sincerely,

  
Abraham Ferdas, Director  
Office of Superfund  
Hazardous Waste Management Division

AR100496

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<p><b>SENDER:</b></p> <ul style="list-style-type: none"> <li>• Complete items 1 and/or 2 for additional services.</li> <li>• Complete items 3, and 4a &amp; b.</li> <li>• Print your name and address on the reverse of this form so that we can return this card to you.</li> <li>• Attach this form to the front of the mailpiece, or on the back if space does not permit.</li> <li>• Write "Return Receipt Requested" on the mailpiece below the article number.</li> <li>• The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.</li> </ul>		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>	
<p>3. Article Addressed to:</p> <p>Dr. K. C. Das State Superfund Programs Manager VA Department of Waste Management Monroe Building, 11th Floor 101 N. 14th Street Richmond, VA 13219</p>		<p>4a. Article Number</p> <p>P 342 204 763</p>	
<p>4b. Service Type</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured</p> <p><input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise</p>		<p>7. Date of Delivery</p> <p>FEB 6 3</p>	
<p>5. Signature of Addressee</p> <p><i>[Signature]</i></p>		<p>8. Addressee's Address (Only if requested and fee is paid)</p>	
<p>6. Signature (Agent)</p> <p><i>[Signature]</i></p>			

PS Form 3811, November 1990 \* U.S. GPO: 1991-227-008 DOMESTIC RETURN RECEIPT